

PSJ3

Exhibit 114



PER # 01050
Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 156
Title: Clinical Development and Education Manager

Therapeutic Category: Pain Management

cc: Legal

Institution/Organization	Program:	
Name: American Academy of Pain Medicine Attn: Kathryn M. Checea		Scientific/Educational Activity:
Address: 4700 West Lake Avenue Glenview, IL 60025-1485		

Tax ID: 36-3874208 Location:

Coordinator:

Name: Kathryn M. Checea	
Title: Program Coordinator	Type:
Phone: (847) 375-4765	
Fax: (847) 375-4777	

Check payable to: American Academy of Pain Medicine Audience Size:

Notes: CE agreement attached. Please send check via Airborne Express to arrive by 2/14.
Thank you! Composition:

Expenses:	Hotel:	Meals:	Ground:	Air:	Other:	Total:
Estimated:						
Actual:						
Explanation:						

Payments:	Estimated:	Actual:	Pay Date:	Invoice #:
Grant:	\$15,000	\$15,000		
	Total Payments:	\$15,000		

Funding Sources: Charge Code: 20010-662100 Total Funding: \$15,000

Eileen M. Provost _____ Louis J. Vollmer _____

Carol A. Ammon _____ Jeffrey R. Black _____